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PTO/SB/21 (07-06)

Approved for use through 03/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/631,116
		Filing Date	July 31, 2003
		First Named Inventor	Houdin Dehnad
		Group Art Unit	1614
		Examiner Name	James D. Anderson
Total Number of Pages in This Submission (excluding references)	18	Attorney Docket Number	50623.249

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Deposit Account 07-1850 Authorization	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Postage Paid Return Postcard	<input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Response to Office Action (15 pages)	<input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate)	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Amendment Transmittal Letter (in duplicate) (2 pages)	<input type="checkbox"/> Request for Continued Examination Transmittal (RCE)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Request for Status of Application (page)
<input type="checkbox"/> Petition for Extension of Time (months) (in duplicate)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 and ___ References	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Express Mail Label No. EV 721 154 678 US	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Certificate of Mailing	<input type="checkbox"/> CD, Number of CD(s) ___	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		Remarks
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Zhaoyang Li, Ph.D., Reg. No. 46,872
Signature	
Date	January 10, 2007

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date below:

Typed or printed name	Yayoi Barrack		
Signature		Date	January 10, 2007

<b>AMENDMENT TRANSMISSION LETTER</b> (Large Entity)					Docket No. 50623.249
Applicant(s): Houdin Dehnad					
Serial No. 10/631,116	JAN 11 2007	Filing Date July 31, 2003	Examiner James D. Anderson	Group Art Unit 1614	
Invention: Method And System For Irradiation Of A Drug Eluting Implantable Medical Device					
<b>TO THE COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as show below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	48	48	0	X \$50.00	\$0.00
INDEP. CLAIMS	5	5	0	X \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. 07-1850 in the amount of \$ 0.00 A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or credit any overpayment to Deposit Account No. 07-1850 A duplicate copy of this sheet is enclosed. <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 C.F.R. 1.17.					
Dated: January 10, 2007 Squire, Sanders & Dempsey L.L.P. 1 Maritime Plaza, Suite 300 San Francisco, CA 94111 (415) 954-0200					
 Zhaoyang Li, Ph.D. Reg. No. 46,872					
cc: Docket:					



Express Mail No. EV 721 154 678 US

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application Of:

Examiner: James D. Anderson

Houdin Dehnad

Art Unit: 1614

Serial No: 10/631,116

Filed: July 31, 2003

For: Method and System For Irradiation  
Of A Drug Eluting Implantable  
Medical Device

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Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO OFFICE ACTION**

Dear Examiner Anderson:

This is a Response to the Office Action mailed on October 16, 2006, which has a shortened statutory period for reply that ends on January 16, 2007.